

Welfare Fund Benefits Office

United Food & Commercial Workers Local 655
13537 Barrett Parkway Drive, Suite 100
Manchester, Missouri 63021
(314) 835-2700 • Toll-Free (866) 565-2700 • Fax (314) 966-9848



January 2011

Dear Plan Participants of United Food and Commercial Workers Local 655 Welfare Fund:

This packet contains important information regarding your plan of benefits under United Food and Commercial Workers Union Local 655 Welfare Fund. Please read the enclosed documents carefully and store this information with your 2006 edition of your Summary Plan Description.

Included in this packet is:

- Amendment to the Fund's Summary Plan Description regarding Well Child Exams and Routine Physical Exams.
- Amendment to the Fund's Summary Plan Description regarding exclusions to your Accidental Death and Dismemberment Insurance benefits.
- Amendment to the Fund's Summary Plan Description regarding the definition of an eligible dependent.
- Information regarding the Patient Protection and Affordable Care Act in regards to eligibility for dependent children up to the age of 26.
- Notice regarding the Fund's participation in the Early Retiree Reinsurance Program and how this program benefits you.
- Notice regarding Medicare Prescription Drug benefits and your credible coverage.

If you have questions regarding any of the enclosed information, please contact the Benefit Fund Office at (314) 835-2700 or toll-free at (866) 565-2700.

Sincerely,

The Board of Trustees

This announcement highlights certain features of the United Food and Commercial Workers Union Local 655 Welfare Fund. You can find full details in the documents (Summary Plan Description, Plan Documents, etc.) that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at anytime.

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Well Child and Routine Physical Exams

To All Plan Participants:

Re: Enhanced coverage for Well Child and Routine Physical Exams and exclusions regarding your Accidental Death and Dismemberment Insurance Benefits.

Well Child and Routine Physical Exams

Before January 01, 2010, the well child benefit covered well child examinations and vaccinations from birth to age 1 at 90% for in-network providers and 60% for out-of-network providers. After the first year, the child's vaccinations were covered by the Plan when received, but physicals were limited to annual coverage. Because of the date of their birth, some children required two visits within one calendar year because their 12-month and 18-month physicals fell within the same year, so that the second office was not covered for that year.

Retroactive to January 01, 2010, and thereafter, the Plan will now add the 18-month and 30-month office visits to the Well Child benefit, subject to the 90% network/60% out-of network copayments noted above. The Trustees based their decision on a review of the guidelines provided by the American Academy of Pediatrics.

Please read this letter carefully and keep it with your Summary Plan Description (SPD), 2006 Edition. Note the following changes to your Summary Plan Description:

On page 34, the Physical Examinations and Well Child Care sections are not changed:

Physical Examinations

Physical Examinations are covered when performed by a physician in your PPO network only and are limited to one examination per calendar year, except for well child care benefits, as provided in the next section and in your Schedule of Benefits.

Well Child Care

Well child care is provided for your covered children, including children of your spouse. Well child care includes vaccinations and office visits, including the child's 18-month visit and concluding after the 30-month examination visit. The number of visits may exceed one examination visit per calendar year. Visits are subject to the Plan's copayments, as provided in your Schedule of Benefits.

The Well child care line under the Preventive Care section of the Plan's Schedule of Benefits is changed as follows:

Well child care, including vaccinations (Birth to the 30-month visit, and including an 18-month visit).

Accidental Death and Dismemberment Insurance Benefits

The following bullet points for AD&D benefits under the title “Exclusions” on page 51 are deleted and the following are substituted in their place:

- A bodily or mental infirmity;
- A disease;*
- Medical or surgical treatment;*
- An intentionally self-inflicted injury;
- A war or any act of war (declared or not declared);
- Use of illegal intoxicants or drugs, except as prescribed by a physician; or
- Air or space travel. This does not apply if a person is a passenger, with no duties at all, on an aircraft being used only to carry passengers (with or without cargo).

*These do not apply if the loss is caused by:

- An infection which results directly from the injury;
- Bacterial infections which result from the accidental ingestion of contaminated substances; or
- Surgery needed because of the injury.

If you have any questions about this change in your benefits, please contact the Fund Office.

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The Board of Trustees

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Extension of Dependent Eligibility

Dear Plan Participants:

The Board of Trustees of the United Food and Commercial Workers Union Local 655 Welfare Fund hereby adopts the following amendment to the Summary Plan Description. This is an interim amendment effective September 1, 2010 – August 31, 2011.

1. The third bullet point in the subsection *Your Eligible Dependent Defined* within the ELIGIBILITY FOR BENEFITS section on page 10 of the Summary Plan Description, 2006 Edition is hereby amended to read as follows:

- Your unmarried dependent child between the ages of 19 and 23 years of age, if the child:
 - Attends an accredited high school, college, university or vocational school full-time, as defined by the institution the child is attending; and
 - Continues to rely on you for more than one-half of his or her financial support and maintenance; and
 - Maintains a principal place of residence with you for more than one-half of the calendar year.

The following applies if your child:

- Is attending a postsecondary school and has a serious illness or injury;
- As a result of the serious illness or injury, must take a medically necessary leave of absence or make some other change from full-time attendance at school which is medically necessary (together a medically necessary leave of absence); and
- Is covered under the Plan at the time the medically necessary leave of absence starts.

While your child is on the medically necessary leave of absence, your child may continue his or her coverage on that basis for up to one year from the start of the leave, unless your child's coverage ends sooner for some other reason under the Plan. This period of coverage will count toward the period of coverage to which your child may be entitled under COBRA (as discussed on page 17).

In order for your child to qualify for continued coverage during the medically necessary leave of absence, the Fund Office must receive a written certification, in form and substance acceptable to the Plan, from your child's treating physician that states the following:

- Your child is suffering from a serious illness or injury; and
- It is medically necessary for your child to take a leave of absence or make some other change in your child's full-time student enrollment.

2. The last row of the table entitled “Length of Coverage” in the subsection *You Must Have a Qualifying Event* within the ELIGIBILITY FOR BENEFITS section on page 17 of the Summary Plan Description, 2006 Edition is hereby amended to read as follows:

If This Qualifying Event Occurs While You and Your Dependents Are Covered by the Plan	COBRA Coverage Is Available For	The Maximum Length of Coverage from the Qualifying Event Is
Children no longer qualify as eligible dependent	<ul style="list-style-type: none">• Dependent children covered by Unit 1	<ul style="list-style-type: none">• 36 months***

3. The following footnote is added below the table entitled “Length of Coverage” in the subsection *You Must Have a Qualifying Event* within the ELIGIBILITY FOR BENEFITS section on page 17 of the Summary Plan Description, 2006 Edition:

***The maximum period of COBRA continuation coverage for your dependent child will be reduced by the number of months during which the Plan extends coverage while your child is on a medically necessary leave of absence from full-time attendance at a postsecondary school (as discussed on page 10).

If you have any questions about this change in your benefits, please contact the Fund Office.

Sincerely,

The Board of Trustees

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Health Care Reform Legislation Regarding Enrolling Your Children Under Age 26 in the Plan

Dear Plan Participant:

As you may know, many provision of the federal health care reform legislation (the Patient Protection and Affordable Care Act or “ACA”) began going into effect on September 23, 2010. However, group health plans like the United Food and Commercial Workers Union Local 655 Welfare Fund must comply with the requirements the first Plan Year that starts on or after September 23, 2010.

Please understand that our Plan Year starts on September 01. This means that mandated provisions of the ACA, including coverage for children up to age 26, will not go into effect for the Welfare Plan until September 01, 2011 – the first day of our next Plan Year.

There will be a special 30-day enrollment period so that you can enroll your eligible dependents and children up to age 26 for coverage effective September 01, 2011. We will provide you with more information about the special enrollment period and other benefit changes as it becomes available.

Sincerely,

The Board of Trustees

This announcement highlights certain features of the United Food and Commercial Workers Union Local 655 Welfare Fund. You can find full details in the documents (Summary Plan Description, Plan Documents, etc.) that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at anytime.

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Notice about the Early Retiree Reinsurance Program

Dear Plan Participant:

You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014.

Under the Early Retiree Reinsurance Program, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, co-payments, deductibles, co-insurance or other out-of-pocket costs. If the plan sponsor chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

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The Board of Trustees

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OMB 0938-0990

Important Notice from United Food and Commercial Workers Union Local 655 Welfare Fund About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with United Food and Commercial Workers Union Local 655 Welfare Fund and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. United Food and Commercial Workers Union Local 655 Welfare Fund has determined that the prescription drug coverage offered by the United Food and Commercial Workers Union Local 655 Welfare Fund is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with United Food and Commercial Workers Union Local 655 Welfare Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact United Food and Commercial Workers Union Local 655 Welfare Fund for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through United Food and Commercial Workers Union Local 655 Welfare Fund changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Contact—Position/Office: United Food and Commercial Workers Union Local 655 Welfare Fund
Address: 13537 Barrett Parkway Drive, Suite 100, Manchester, MO 63021
Phone Number: (314) 835-2700 or toll-free (866) 565-2700

CMS Form 10182-CC

Updated January 1, 2009

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.